

with the proportion of couples who are together at other times¹. I noted that the number of couples who are together over Christmas is augmented by (a) an increment in which one or other partner would otherwise be away from home on business and (b) another increment in which separated spouses arrange to meet and suspend hostilities over the festive season 'for the sake of the children'.

I suggest that where the USA led in these two respects, Europe is now following. The importance of the paper of Wellings *et al.* lies in its direct data suggesting that sexual activity is associated with Christmas. However, though these workers acknowledge my explanation, they write: 'The effect of festivals on fertility has been interpreted largely in the context of merry-making. The period from Christmas to the New Year is associated with increased opportunities for socializing and a generally more hedonistic approach to life'. If that were the sole explanation of the autumn peak in births, one would have to interpret the USA as being more hedonistic than Europe across the years 1850–1950. The novels of Henry James and Edith Wharton suggest otherwise.

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Hospital consultants' views on homoeopathy

Dr Chandola and colleagues present a sympathetic view of the use of complementary medicine by patients attending musculoskeletal clinics (January 1999 *JRSM*, pp. 13–16). While general practitioners' views on complementary and alternative medicine have been explored from as early as 1983¹, little has been published about the attitudes of their hospital colleagues. We conducted a small study to determine hospital consultants' views on and knowledge of homoeopathic medicine and its availability within the National Health Service. An anonymous questionnaire was sent to all 64 permanently based consultants in West Dorset (21 surgeons, 18 physicians, 7 anaesthetists, 6 psychiatrists and 7 non-clinical specialists) and 63 were returned completed. The questions and answers were:

- 1 *Do you have any knowledge of homoeopathy?*
None: 19 (30%)
Scanty: 33 (52%)
Some: 11 (17%)
- 2 *Have you personally taken a homoeopathic remedy yourself?*
Yes 16 (25%)
No 47 (75%)

- 3 *Would you consider using it to treat yourself or a member of your family?*

Yes	30 (48%)
No	31 (49%)
Unsure	2 (3%)

- 4 *Would you like your GP or attached staff to offer this form of therapy, when appropriate, as a treatment choice?*

Yes	35 (56%)
No	22 (35%)
Possibly	5 (8%)
No response	1 (1%)

- 5 *Are you aware of any NHS homoeopathic hospitals in the UK?*

None	17 (27%)
One	36 (57%)
Five	5 (8%)
Ten	0

Three responses, 2 hospitals; one response, 1 to 5 hospitals; one response, 'I think so'.

The 98% response rate (probably attributable to the fact that one of us is a local GP) means that the results give an accurate view of consultants' attitudes to homoeopathy in this district. The general lack of knowledge of homoeopathy was to be expected, although it is perhaps a little more surprising that most of these doctors did not know that homoeopathy is available to their patients on the NHS through five hospitals. What was very unexpected was the fact that a quarter of the consultants had themselves taken homoeopathic remedies; furthermore, just under half would consider using homoeopathy when appropriate as a treatment option for themselves or their family. Perhaps the fact that over half of the consultants would like this therapy available within NHS care and a further 8% said they would consider it if evidence was more forthcoming, shows the impact of the evidence currently available². Their attitude would suggest that the empirical evidence of effect from clinical trials is outweighing the problem of a lack of a known mechanism of action.

Over a decade ago an anonymous questionnaire revealed an as yet unexpressed interest in the unorthodox in primary care¹, and our results now point to similar interest among doctors in the hospital environment.

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